

VPDES PERMIT APPLICATION ADDENDUM – SUPPLEMENTARY INFORMATION

A. General Information

1. Entity to whom the permit is to be issued: Cox Industries, Inc.
Cox Wood of Virginia, LLC
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Classify the discharge as one of the following by checking the appropriate line:
- ☒ a. Existing discharge
☐ b. Proposed discharge
☐ c. Proposed expansion of an existing discharge

B. Location

1. Is this facility located within city or town boundaries? (Y)/N
2. What is the tax map parcel number for the land where this facility is located? 43-94
3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? None
4. What is the total acreage of the property on which the treatment plant is located? 34
5. Give the minimum elevation of the treatment plant site. 400 feet
6. Flood elevations of the treatment plant site:
- 25 year flood N/A feet
100 year flood N/A feet
7. Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following:
- Treatment Plant
 - Discharge Point
 - Receiving waters
 - Boundaries of the property on which the treatment plant is located, or to be located.
 - Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
 - Residence
 - Distribution line for potable water supply
 - Reservoir, well, or other source of water supply
 - Recreational area

- f. Distance from the discharge point to the nearest: (Indicate “not applicable” for any distance greater than 15 miles)
 - i. Downstream community
 - ii. Upstream and downstream water intake points
 - iii. Shellfishing waters
 - iv. Wetlands area
 - v. Downstream impoundment
 - vi. Downstream recreational area

C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also, to the back of this application, attach a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

NO WWTU. One R/O unit used to clean up well water for production use

2. What is the design average flow of this facility? 0.003 MGD

Industrial facilities:

What is the max. 300-day avg. production levels (include units)? 0.003 mcd

3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y (N)

If “Yes,” please specify the other flow ties (in MGD) or production levels: N/A

Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

4. Nature of operations generating wastewater: Reverse osmosis unit to clean up well water

0 % of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facilities:

X 0 _____ 1-49 _____ 50 or more

0 % of flow from non-domestic connections/sources

5. Mode of discharge: X Continuous _____ Intermittent _____ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

6. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☐ Permanent stream, never dry
☐ Intermittent stream, usually flowing, sometimes dry
☐ Ephemeral stream, wet-weather flow, often dry
☒ Effluent-dependent stream, usually or always dry
☐ Lake or pond at or below the discharge point
☐ Other: _____

D. Anticipated Phasing Schedule for Plant Capacity – Proposed/Expanding Discharges

If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity: N/A MGD

Anticipated Date of Construction Completion: N/A Month/Year

Years after Completion	Projected Flow (MGD)
0	
5	
10	
15	
20	
25	
30	

E. Interim Facilities

Are the wastewater treatment facilities interim? (Designed for a useful life of less than 5 years) Y ☒ N

If "Yes," provide the estimated date to be discontinued (month, year) _____, and the name and location of the intended replacement facility.

F. List of Materials Stored at Facility (i.e., chemicals, petroleum products)

Material	Amount (monthly avg)	Stored Location
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See Attached List & MSDS

